

Acceptable PC 6/3/09 J. C. C. C.

PRINTED: 04/09/2009
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN1959AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2009
NAME OF PROVIDER OR SUPPLIER MASON VALLEY RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 705 S STREET YERINGTON, NV 89447		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any apy under applicable federal, stateor local laws. This statement was generated as a result of an annual State Licensure survey conducted in your facility on 4/9/09. The facility received an annual survey grade of B. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licednsed for 57 Reisdential Facility for Group beds, 45 for elderly and disabled persons and 12 for persons with Alzheimers disease, Category II residents. The census at the time of this survey was 52. Fifteen resident files were reviewed and ten employee files were reviewed. Two discharged resident files were reviewed. The following deficiencies were identified:	Y 000	<p>RECEIVED</p> <p>APR 17 2009</p> <p>BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA</p>	
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This RULE: is not met as evidenced by: Based on record review on 4/9/09, the facility	Y 105		<p>EMP #5 will Redo PRINTS AGAIN FOR 3 TIME. AND PROPER COPIES WILL BE KEPT FOR REVIEW SEE ATTACHED</p> <p>UP SO DOES NOT HAPPEN AGAIN COPY ATTACHED</p> <p>TO Follow</p>

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

[Signature]

TITLE

ADMIN

(X6) DATE

4-16-09

[Handwritten signature]

TO MONITOR

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Y 255	Continued From Page 2 -Refrigerator in dining area does not meet the NSF standards. -Staff were observed preparing food not in accordance with NAC 466.125 which requires minimizing manual contact. -Refrigerators in Alzheimers unit does not meet NSF standards. Equipment provided for staff use was not labeled as such. -All cooks did not have documentation of Servsafe training as required. Severity: 2 Scope: 3	Y 255	Commercial Refrig on order see Attached EMP couniled on MINIMIZING manual CONTACT will MONITOR ReFrig IN AD on order see ATTACHED STAFF ReFrig Labeled AS SUCH KITCHEN EMP will be SCHED FOOD TRAINING will Forward REGISTRATION ASAP MAY 21ST place TBD	4-10-09
Y 273 SS=C	449.2175(4) Service of Food - Special Diets NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. This RULE: is not met as evidenced by: Based on record review and interview on 4/9/09, the facility failed to accommodate residents with special diets in the planned menus for 10 of 10 residents on special diets ordered by their physician (Resident #9 and #12 and 8 residents not in the sample). Severity: 1 Scope: 3	Y 273	per phone conversation w/ DIETICIAN will be here 4-16-09 FOR REVIEW MENUS, SPECIAL SUBSTITUTIONS - 4-16 was here I was	4-10-09 4-12-09 5-9-09 MAY 21 4-13-09 4-16-09

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Y 274	Continued From Page 3	Y 274	<p><i>SUBSTIONS will be monitored more closely and turned in weekly to ADMIN to verify and on file for review to monitor</i></p>	
Y 274 SS=C	<p>449.2175(5) Service of Food - Substitutions</p> <p>NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal.</p> <p>This RULE: is not met as evidenced by: Based on record review and interview on 4/9/09, the facility failed to date menus and track substitutions for the past 90 days .</p> <p>Severity: 1 Scope: 3</p>	Y 274		
Y 278 SS=C	<p>449.2175(9)(a)(b) Dietary Consultant - More Than 10 Residents</p> <p>NAC 449.2175 9. A residential facility with more than 10 residents shall employ or otherwise obtain the services of a person to serve as a consultant for the planning and serving of meals who: (a) Is registered as a dietitian by the Commission on Dietetic Registration. (b) Is a graduate from an accredited college with a major in food and nutrition and has 2 years of supervisory experience in a medical facility or facility for the dependent or has participated in a course of training for a supervisor of the service of food.</p>	Y 278	<p><i>contract on file see attached</i></p> <p><i>to make sure contract on file</i></p>	

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STATE FORM

PHXY11

If continuation sheet 5 of 7

Person picking up meds
NOTIFIED TO ROAD
Labels more care for
AND ALSO Monitor
when Family brings
in meds

TO FOLLOW UP	
ITEM REPLACED WITH PROPER ITEM	4-9-09

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Y 878	Continued From Page 6 Severity: 2 Scope: 1	Y 878		

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